


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90684 013 ***150.00

DOCUMENT # L58010	
1. Entity Name PRIMERA DEVELOPMENT CORPORATION	

Principal Place of Business C/O JOHN SCHNEEMAN 521 SILVERGATE LOOP LAKE MARY FL 32746 US	Mailing Address C/O JOHN SCHNEEMAN 521 SILVERGATE LOOP LAKE MARY FL 32746 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3090910	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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7. Name and Address of New Registered Agent
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SCHEENMAN, JONNA 521 SILVERGATE LOOP LAKE MARY FL 32746

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE PD NAME SCHNEEMAN, JOHN STREET ADDRESS 521 SILVERGATE LOOP CITY-ST-ZIP LAKE MARY FL	<input type="checkbox"/> Delete
TITLE S NAME SCHNEEMAN, GLORIA STREET ADDRESS 521 SILVERGATE LOOP CITY-ST-ZIP LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE T NAME SCHNEEMAN, JONNA STREET ADDRESS 40 VALLEYWOOD DR CITY-ST-ZIP DEBARY FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Schneeman **DATE:** 1-8-03 **DAYTIME PHONE #:** (407) 324-2312

CR2E034 (10/02)